Sill	in this information	to identify your or	200				1				
	otor 1	Marni Lyn B									
l .	otor 2 ouse, if filing)					_					
Uni	ted States Bankrup	otcy Court for the	WESTERN DISTRICT	Γ OF MICHIGAN							
-	se number	-04636		-				k if this is			
(II KI							│		ent showing	g postpetition bllowing date:	
0	fficial Form	106I					_	1M / DD/ \			
S	chedule I:	Your Inco	ome								12/15
spo atta	use. If you are selch a separate she tt1: Describ Fill in your emp	parated and you eet to this form. (be Employment	are married and not filir r spouse is not filing wi On the top of any additi	ith you, do not inclu	ude infor	mati	on about	your spo umber (if	ouse. If mo known). A	re space is	needed,
	information.									ing spouse	
	If you have more attach a separate information abou	e page with	Employment status	■ Employed□ Not employed				☐ Empl	employed		
	employers.		Occupation	Maintenance To	ech						
	Include part-time self-employed wo		Employer's name	Pfizer Inc.							
	Occupation may or homemaker, if		Employer's address	100 Route 2016 Peapack, NJ 07							
			How long employed t	here? <u>1.5 Yea</u>	ars			_			
Par	rt 2: Give De	etails About Mon	thly Income								
spou	use unless you are	separated.	ate you file this form. If	,	·		·		·	·	J
	u or your non-filing e space, attach a s		ore than one employer, co this form.	ombine the information	on for all e	empl	oyers for	that perso	on on the lir	nes below. If y	you need
							For Del	otor 1		otor 2 or ng spouse	
2.			ry, and commissions (be calculate what the monthle		2.	\$	6	,285.85	\$	N/A	
3.	Estimate and lis	st monthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	6,28	85.85	\$	N/A	

Deb	tor 1	Marni Lyn Brauker	_	Case	number (if known)	19-04636		
				For	Debtor 1	For Debto non-filing		
	Cop	y line 4 here	4.	\$	6,285.85	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,446.34	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	375.92	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	145.69	\$	N/A	
	5e.	Insurance	5e.	\$_	242.06	\$	N/A	
	5f.	Domestic support obligations Union dues	5f. 5g.	\$ \$	0.00	\$ \$	N/A	
	5g. 5h.	Other deductions. Specify: Voluntary Benefits	5g. 5h.+	· —	0.00 45.20	+ \$	N/A N/A	
	011.	Charitable Contribution		\$_	46.58	\$	N/A	
6	٨٨٨	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		· —		· ——		
6. 7			6.	* —	2,301.79	\$	N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ _	3,984.06	\$	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	115.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$_	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	N/A	
	8h.	Other monthly income. Specify: Refunds	8h.+	\$	333.33	+ \$	N/A	
		Mother's Contribution		\$_	1,944.60	\$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,392.93	\$	N/A	
								\neg
10.		sulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		6,376.99 + \$_	N/A	6,376.9	9
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. In include any amounts already included in lines 2-10 or amounts that are not actify:	depen		•	,		0
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines					\$ 6,376.9	9
13.	Do y	rou expect an increase or decrease within the year after you file this form	?				monthly income	!
		No. Yes. Explain:						\neg
		LANGE AND						

Fill	in this information to identify your case:							
	btor 1 Marni Lyn Brauker			Cł	neck if t	his is		
	Marin Lyn Brauker					mended filing		
	btor 2						ing postpetition cha	pter
(Spc	ouse, if filing)				13 e	xpenses as of t	the following date:	
Unit	ited States Bankruptcy Court for the: WESTERN DIS			MM	/ DD / YYYY			
-	se number 19-04636 (nown)	_						
Of	fficial Form 106J							
Sc	chedule J: Your Expenses							12/15
Be info	as complete and accurate as possible. If two rormation. If more space is needed, attach anot mber (if known). Answer every question.							
	rt 1: Describe Your Household							
1.	Is this a joint case?							
	■ No. Go to line 2.□ Yes. Does Debtor 2 live in a separate house	ehold?						
	□ No							
	☐ Yes. Debtor 2 must file Official Form	106J-2, Expenses for Sepa	rate Housel	hold of D	ebtor 2.			
2.	Do you have dependents? ☐ No							
	Do not list Debtor 1 and ■ Yes Fill out t		dent's relation			Dependent's ige	Does dependent live with you?	
	Do not state the						□ No	
	dependents names.	Daug	hter		1	19	■ Yes	
							□ No	
		Partn	er			52	■ Yes	
							□ No	
		Moth	er		7	74	■ Yes	
							□ No	
							☐ Yes	
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes							
	rt 2: Estimate Your Ongoing Monthly Exper							
exp	timate your expenses as of your bankruptcy fil penses as of a date after the bankruptcy is filed plicable date.							
the	clude expenses paid for with non-cash governmes value of such assistance and have included it					Your expe	aneae	
(On	fficial Form 106l.)					Tour expe	31303	
4.	The rental or home ownership expenses for payments and any rent for the ground or lot.	your residence. Include fire	st mortgage	4.	\$		0.00	
	If not included in line 4:							
	4a. Real estate taxes			4a.	\$		0.00	
	4b. Property, homeowner's, or renter's insura	nce		4b.	· —		235.00	
	4c. Home maintenance, repair, and upkeep e			4c.	\$		50.00	
	4d. Homeowner's association or condominiur			4d.	·		0.00	
5.	Additional mortgage payments for your resid	ence, such as home equity	loans	5.	\$		0.00	

Deb	tor 1 Marni Lyn Brauker	Case num	ber (if known)	19-04636
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	200.00
	6b. Water, sewer, garbage collection	6b.	\$	15.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	300.00
	6d. Other Specify: Septic flush every 3 years, prorated	6d.	\$	13.00
7.	Food and housekeeping supplies		\$	741.00
8.	Childcare and children's education costs	8.		0.00
9.	Clothing, laundry, and dry cleaning	9.		50.00
10.	Personal care products and services	10.	\$	50.00
	Medical and dental expenses	11.	\$	125.00
	Transportation. Include gas, maintenance, bus or train fare.			
	Do not include car payments.	12.	\$	350.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	15.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.		_	
	15a. Life insurance	15a.		0.00
	15b. Health insurance	15b.	·	0.00
	15c. Vehicle insurance	15c.		367.00
	15d. Other insurance. Specify: Mother's Deduction for Medicare	15d.		144.60
	Mother's Life Insurance		\$	45.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16.	\$	0.00
17.	Installment or lease payments:		•	
	17a. Car payments for Vehicle 1	17a.	·	0.00
	17b. Car payments for Vehicle 2	17b.	·	0.00
	17c. Other. Specify:	17c.	·	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as		\$	0.00
10	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.	\$	0.00
19.	Other payments you make to support others who do not live with you. Specify:	19.	Ψ	0.00
20	Other real property expenses not included in lines 4 or 5 of this form or on Scho		our Income	
20.	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	·	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	· -	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
	20e. Homeowner's association or condominium dues	20e.		0.00
21	Other: Specify: Pet expenses	21.	· .	50.00
۷.	Mother's Unsecured Debt Payments		+\$	527.00
			+\$	200.00
	Mother's Cigarettes		+\$	_
	Mother's Medications		+\$	350.00
	Mother's car insurance		Τφ	200.00
22.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	4,027.60
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,027.60
				1,021100
23.	Calculate your monthly net income.		•	
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		6,376.99
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	4,027.60
	22a Subtract your monthly ownerses from your monthly in-			
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	2,349.39
	The result is your monthly net income.			
24.	Do you expect an increase or decrease in your expenses within the year after your	ou file this	form?	
	For example, do you expect to finish paying for your car loan within the year or do you expect you			ase or decrease because of a
	modification to the terms of your mortgage?			
	■ No.			
	☐ Yes. Explain here:			